

Foster Family Home - Corrective Action Report

Provider ID: 1-562159
Home Name: Betty Vera Cruz, CNA
3611 Aliamanu Street
Honolulu HI 96818
Review ID: 1-562159-5
Reviewer:
Begin Date: 1/4/2017

End Date: 1/4/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 1/4/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Betty Vera Cruz

Primary Care Giver

Date

1/4/17

Date